

§ 382.159

Transportation, Aviation Consumer Protection Division (C-75), 1200 New Jersey Avenue, SE., West Building, Room W96-432, Washington, DC 20590.

§ 382.159 How are complaints filed with DOT?

(a) Any person believing that a carrier has violated any provision of this part may seek assistance or file an informal complaint at the Department of Transportation no later than 6 months after the date of the incident by either:

(1) Going to the web site of the Department's Aviation Consumer Protection Division at <http://airconsumer.ost.dot.gov> and selecting "Air Travel Problems and Complaints," or

14 CFR Ch. II (1-1-12 Edition)

(2) Writing to Department of Transportation, Aviation Consumer Protection Division (C-75), 1200 New Jersey Avenue, SE., Washington, DC 20590.

(b) Any person believing that a carrier has violated any provision of this part may also file a formal complaint under the applicable procedures of 14 CFR part 302.

(c) You must file a formal complaint under this part within six months of the incident on which the complaint is based in order to ensure that the Department of Transportation will investigate the matter.

APPENDIX A TO PART 382—REPORT OF
DISABILITY-RELATED COMPLAINT DATA

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Name of Carrier: _____ Submission Date: _____

Contact Person: _____ Period of Data Collection: _____

Name: _____

Telephone # (include country code if outside the U.S.): _____

Email address: _____

Mailing address: _____

Total number of complaints (i.e., incidents): _____

REPORT OF DISABILITY-RELATED COMPLAINT DATA

	Vision Impaired	Hearing Impaired	Vision & Hearing Impaired	Paraplegic	Quadriplegic	Other wheelchair	Oxygen	Stretcher	Other Disability	Other Assistive Device	Mentally Impaired	Communicable Disease	Allergies
Refusal To Board Passenger													
Refusal to Board w/o Attendant													
Security Issues Regarding Disability													
Aircraft Not Accessible													
Airport Not Accessible													
Advance Notice Dispute													
Seating Accommodation													
Failure to Provide Assistance													

	Vision Impaired	Hearing Impaired	Vision & Hearing Impaired	Paraplegic	Quadriplegic	Other wheelchair	Oxygen	Stretcher	Other Disability	Other Assistive Device	Mentally Impaired	Communicable Disease	Allergies
Damage to Assistive Device													
Storage and Delay of Assistive Device													
Service Animal Problem													
Unsatisfactory Info													
Other													

Certification Statement: I, the undersigned, do certify that this report has been prepared under my direction in accordance with the regulations in 14 CFR Part 382. I affirm that, to the best of my knowledge and belief, this is a true, correct, and complete report

Signature: _____

The valid OMB control number for this information collection is 2105-0551. The time required to complete this information is estimated to average 30 minutes per response.

APPENDIX B TO PART 382—CROSS-REFERENCE TABLE

The Department is providing the following table to assist users familiar with the cur-

rent Part 382 in finding material in the new, renumbered Part 382.